

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005949

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC5206064852**

**Entity Name:** BLANCHARD TERMINAL COMPANY LLC

**Current Principal Place of Business:**

200 EAST HARDIN STREET  
FINDLAY, OH 45840

**Current Mailing Address:**

539 S. MAIN STREET  
FINDLAY, OH 45840

**FEI Number:** 30-0748502

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title VP  
Name AYDT, T J  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title VP  
Name MILLER, B A  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title PRESIDENT  
Name MCCORD, D K  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title SECRETARY  
Name PFLEIDERER, S T  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASST. SECRETARY  
Name BUSEY, N M  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASST. SECRETARY  
Name BENSON, M R  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASST. SECRETARY  
Name WINEBAR, C S  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title TREASURER  
Name GILGEN, P  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** C S WINEBAR

**ASSISTANT SECRETARY** 04/10/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASST. TREASURER  
Name EWING, G C  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title CONTROLLER  
Name HAGEDORN, C K  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASSISTANT SECRETARY  
Name STALER, J J  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASSISTANT TREASURER  
Name KREINBRINK, B R  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASSISTANT TREASURER  
Name HORSTMAN, J D  
Address 539 S. MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASSISTANT SECRETARY  
Name LINHARDT, R  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASSISTANT TREASURER  
Name HORSTMAN, J D  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840